

POLLING PLACE ASSIGNMENT: _____ **Date Received:** _____

Sebastian County Election Commission

Poll Worker Information Form

Please complete the following form and return to: Sebastian County Election Commission

E-mail: jhuff@co.sebastian.ar.us

Fax: 479-784-1571

NAME: _____

First

Middle Initial

Last

ADDRESS: _____, _____, AR

City

Zip

HOME PHONE: () WORK: () CELL: ()

E-MAIL ADDRESS:

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

CONTACT NAME:

(Please Print)

Relationship

Phone Number

The election commissioners will appoint workers in accordance with party affiliation as stated in state election laws (Arkansas Code Annotated 7-4-107(a)(B)).

PARTY AFFILIATION (please circle one): **Democrat** **Republican** **Independent**

Where is your voting location (polling site)? _____

**NOTE: New workers are required to submit a photocopy of their Social Security card and complete a W-9 form before any payment can be made for work at the polls.
Questions? Please call the election commission office at 462-7834.**

Qualifications of election officials designated as poll workers are generally as follows (Arkansas Code Annotated 7-4-109):

- **Must be qualified electors of this state;**
- **Must be residents of the precincts in which they serve at the time of their appointment unless the county board determines that it is impossible to obtain qualified election officials from the precincts, then other qualified citizens of the county may be designated to serve in the precinct or precincts;**
- **Must not have been found guilty or pleaded guilty or nolo to violation of any state election law;**
- **Must not be paid employees of any political party;**
- **Must not be paid employees of any person running for office;**
- **Must not hold at the time of the election any office, appointment or employment in federal, state, county, city government, municipal board, commission or trust in any city, except justices of the peace, aldermen, notaries public and members of the military; and**
- **Must not be a candidate for any offices to be filled at an election at which they shall serve.**

SIGNATURE AND CERTIFICATION OF INFORMATION

I hereby certify that I have read and understand the qualifications for poll workers in Arkansas.

Signature (please do not print) **Date** (Form 1-1-06)